Proceed the paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE
ADDRESS
INDICATION FORM

Address to:

Assistant Commissioner for Patents
Box CN
Washington, DC 20231

Please recognize the following address as the correspondence address:

Customer Number

24112

OR

Type Customer Number (PTO/SP/435) as the city to th

| Customer Number 24112  OR Type Customer Number here  Request for Customer Number (PTO/SB/125) submitted herewith.   |   |                               |                                 |  |
|---|---|-------------------------------|---------------------------------|--|
| Patent Number (if appropriate)  |   | Application (s) or patent(s): | Patent Date<br>(if appropriate) | U.S. Filing<br>Date  |
|   |   | 09/458928                     |                                 | 12/10/1999   |
|   |   |                               | -                               |  |
|   |   | ·                             | ·                               |  |
|   |   |                               |                                 |  |
| ,   |   |                               |                                 | ·  |
| Typed or  |   |                               | (check one)                     |  |
| Printed Name<br>Signature   | David E - Bennett Applicant or Patentee  Assignee of record of the entire interest. Statement under |                               |                                 | 98 of record of the entire                                 |
| Date 12/9/2003 37 CFR 3.73(b) is end (Form PTO/SB/96)   |   |                               |                                 | 3.73(b) is enclosed,<br>PTO/SB/96)<br>y or Agent of record |
| Address of signer 1400 Crescent Green, Ste. 300  Carv. NC 27511  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple |   |                               |                                 |  |
| forms if more that one signature is required, see below.*.  Grant of the entire interest or their representative(s) are required. Submit multiple  Grant of One forms are submitted.                          |   |                               |                                 |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Weakington, DC 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN. Washington, DC 20231.